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MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health BUREAU OF VITAL STATISTICS		State File No. _____
1. PLACE OF DEATH County <u>Cochise</u> State <u>ARIZONA</u> Registered No. _____ Township _____ or Village _____ City <u>Willcox</u> No. _____ St. _____ Ward _____ <small>(If death occurred in a hospital or institution, give its NAME instead of street and number)</small>				
Length of residence in city or town where death occurred _____ yrs. _____ mos. <u>14</u> ds. How long in U. S. if born in birth? _____ yrs. _____ mos. _____ ds. 2. FULL NAME <u>Arrie Foreman</u> How long in State when death occurred? _____ yrs. _____ mos. _____ ds. (a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If non-resident give city or town and state)				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>
5a If married, widowed, or divorced HUSBAND of <u>James Amos Foreman</u> (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Aug. 26, 1883</u>				
7. AGE Years <u>56</u> Months <u>-</u> Days <u>27</u> If LESS than 1 day, _____ hrs. or _____ min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (city or town) (State or Country) <u>Burleson, Co., Texas</u>				
FATHER	13. NAME <u>F. M. Wood</u>			
	14. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>			
MOTHER	15. MAIDEN NAME <u>Sally Bodeker</u>			
	16. BIRTHPLACE (city or town) (State or Country) <u>Texas</u>			
17. INFORMANT <u>James Amos Foreman</u> (Address) <u>Ballinger, Texas</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Removal</u> Place <u>Ballinger, Texas</u> Date <u>Sept. 14, 1939</u>				
19. EMBALMER License No. _____ Signature <u>Frank W. Rottman</u> FUNERAL DIRECTOR <u>Frank W. Rottman</u> Address <u>Willcox, Arizona</u>				
20. Filed <u>10/6</u> , 19 <u>39</u> Registrar. <u>J. E. Wilson</u>				
21. DATE OF DEATH (month, day, and year) <u>Sept. 13, 1939</u> 22. I HEREBY CERTIFY, That I attended deceased from <u>Died Suddenly. Did not see her.</u> <u>Until After Death</u> , 19____; death is said to have occurred on the date stated above, at____m. The principal cause of death and related causes of importance were as follows: <u>Heart Block</u> Date of Onset _____ Other contributory causes of importance: <u>Inflammatory Rheumatism</u> <u>and</u> <u>Arterio Sclerosos</u> Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. _____ Manner of injury _____ Nature of injury _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>P. E. Briscoe</u> , M. D. (Address) <u>Willcox, Ariz</u>				